

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/665,974
		Filing Date	September 18, 2003
		First Named Inventor	DEEM, MARK E.
		Art Unit	3738
		Examiner Name	Unassigned
Total Number of Pages in This Submission	2	Attorney Docket Number	022128-000300US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Communication and Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Scott M. Smith, M.D. Reg. No. 48,268
Signature	
Date	4/20/04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Jodie M. Rivas		
Signature		Date	4/20/04

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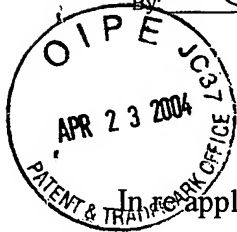
PATENT
Docket No.: 022128-000300US

Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

On 4.20.04

TOWNSEND and TOWNSEND and CREW LLP

By 



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

DEEM et al.

Application No.: 10/665,974

Filed: September 18, 2003

For: METHODS AND APPARATUS
FOR TREATMENT OF PATENT
FORAMEN OVALE

Examiner: Unassigned

Art Unit: 3738

COMMUNICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request that Attorney Docket Number 020979-002600US be changed to 022128-000300US.

Applicant's believe that no fee is due with this action. However, the Commissioner is hereby authorized to charge any deficiencies or credit any over payments to Deposit Account No. 20-1430.

Respectfully submitted,



Scott M. Smith, M.D.
Reg. No. 48,268

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